



Nursing Commission  
P.O. Box 1099  
Olympia, WA 98507-1099

## Statement of Eligibility

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)	
ADDRESS (STREET, CITY, STATE, ZIP)	
BIRTHDATE (MONTH, DAY, YEAR)	

**This form is to be completed on both sides by the Director/Coordinator of the nursing program.** Return directly to the Nursing Commission (address above) along with an official copy of the applicant's transcript.

1. I certify that \_\_\_\_\_ is currently/was enrolled in the accredited nursing program at \_\_\_\_\_ located in \_\_\_\_\_ ; and that the above is/was at time of departure in good standing. ☐ Yes ☐ No (If "No," please explain fully on the bottom of this form.)

2. Admission date \_\_\_\_\_ Graduation date (if applicable) \_\_\_\_\_

The above named has completed \_\_\_\_\_ Quarters \_\_\_\_\_ Semesters \_\_\_\_\_ Units \_\_\_\_\_ Nursing Credits in the nursing program (fill in whatever blanks apply to your program), which includes the subject matter as stated on form.

Please send an Official Copy of the Transcripts. **NOTE: Both sides must be completed and signed by the Director/Coordinator.**

SCHOOL SEAL

NAME

TITLE

DATE

Please send form and transcripts to: Department of Health, Nursing Commission, P.O. Box 1099, Olympia, WA 98507-1099

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## Please respond to each item listed

### Subject Matter

	Completed	Not Completed
<b>1. <i>Social, behavioral and related foundation subjects</i></b>		
a. Personal and Vocational Relationships of the Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>
b. Normal Growth and Development Through the Life Cycle	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychology - Social Facts and Principles (May be integrated into nursing courses)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. <i>Biological and related foundation subjects</i></b>		
a. Anatomy and Physiology	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary Concepts - Microbiology, Chemistry and Physics (check completed box if integrated into fundamentals or other courses)	<input type="checkbox"/>	<input type="checkbox"/>
c. Nutrition and Diet Therapy	<input type="checkbox"/>	<input type="checkbox"/>
d. Pharmacology and Applied Mathematics	<input type="checkbox"/>	<input type="checkbox"/>

### Clinical Experience

	Completed	Not Completed
<b>3. <i>Principles and practice of practical nursing</i></b>		
a. Fundamentals of nursing	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical pharmacology	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical/surgical nursing	<input type="checkbox"/>	<input type="checkbox"/>
d. Obstetrics (pre and post partum care and care of infants)	<input type="checkbox"/>	<input type="checkbox"/>
e. Pediatric nursing (well and ill child)	<input type="checkbox"/>	<input type="checkbox"/>
f. Geriatric nursing	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental health nursing (objectives can be met in <b>ANY</b> clinical area)	<input type="checkbox"/>	<input type="checkbox"/>